

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Kenneth F. Buechler

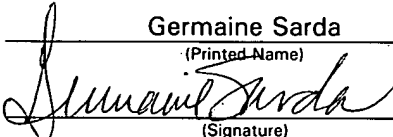
Title: **DIAGNOSTIC DEVICES AND APPARATUS FOR THE CONTROLLED MOVEMENT OF REAGENTS WITHOUT MEMBRANES**

Prior Appl. No.: 09/613,650

Prior Appl. Filing Date: 07/11/2000

Examiner: Unknown

Art Unit: 1743

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EL990322641US	October 29, 2003
(Express Mail Label Number)	(Date of Deposit)
Germaine Sarda <small>(Printed Name)</small>	
 <small>(Signature)</small>	

03945 U.S. PTO  
 10/697351  
  
 102903

**CONTINUING PATENT APPLICATION**  
**TRANSMITTAL LETTER**

Mail Stop PATENT APPLICATION  
 Commissioner for Patents  
 PO Box 1450  
 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

[ X ] Continuation [ ] Division [ ] Continuation-In-Part (CIP)

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

Enclosed are:

- Specification, Claim(s), and Abstract (65 pages).
- Formal drawings (17 sheets, Figures 1-16B).
- Copy of Declaration and Power of Attorney filed in parent patent application (3 pages).
- Copy of Assignment of the invention to Biosite, Inc. filed in parent patent application, recorded on 10/14/2003 at Reel/Frame 014048/0892 (2 pages).
- Application Data Sheet (37 CFR 1.76) (4 pages).
- Return postcard.

The filing fee is calculated below:

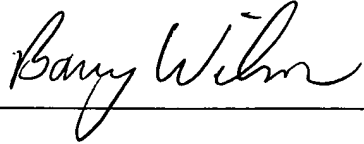
	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00	\$770.00
Total Claims:	7	- 20	= 0	x \$18.00	= \$0.00
Independ ents:	1	- 3	= 0	x \$86.00	= \$0.00
If any Multiple Dependent Claim(s) present:				+ \$290.00	= \$0.00
				SUBTOTAL:	= \$770.00
<input type="checkbox"/> Small Entity Fees Apply (subtract 1/2 of above):					= \$0.00
				TOTAL FILING FEE:	= \$770.00
				TOTAL FEE	= \$770.00

- Please charge Deposit Account No. 50-0872 in the amount of \$770.00 to cover the filing fee.
- The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date October 29, 2003

By 

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Barry S. Wilson

Attorney for Applicant

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